

For security purposes please **do not email** credit card information. Mail this credit card payment form with your application packet to the Office of Teacher Education & Certification. Completion of this form is not proof of payment until the information is processed.

APPLICANT INF	ORMATION											
					X	X	ХХ	(
LAST NAME	FIRST NAME		M.I.		LAST	5 DIG	TS of S	5N				
MAILING ADDRESS			CITY				STAT	E	ZIP CO	DE		
HOME OR CELL PHONE NUM		WORK	PHONE N	 UMBE	:R							
HOME EMAIL ADDRESS												
FEE SCHEDULE												
The certification fees are	e described below. Indic	cate the fees t	hat you	wish	to pa	y by c	redit ca	ard and	d deterr	nine the	<u>)</u>	
total amount to be charg	ged to the credit card in	dicated below										
Item						Unit	Cost	Qua	ntity	Sub-t	otal	
Certificate												
(i.e. Initial, Professional, Master, Type B, Type C, Type M)						\$2	00.00					
Retired or Lifetime Certificate						\$2	40.00					
Certificate Renewal						\$2	00.00					
Add or remove endorsement						\$2	00.00					
Certified Copy of Certificate (Duplicate)						\$25.00						
Fingerprint Card Processing (Background Clearance)							60.00					
Non-academic credit or Continuing Education Unit (CEU)							50.00					
Duplicate Yellow Postcard							10.00					
					<u> </u>	_		1				
								Т	OTAL			
CARD HOLDER INFORMATION						If same as applicant, check here:						
NAME (AS SHOWN ON CREDIT CARD)						CELL P	HONE N	JMBER				
MAILING ADDRESS			CITY				ST/	ATE	ZIP C	ODE		
												
HOME EMAIL ADDRESS												
HOME EMAIL ADDRESS												
Signature of Credit (Card Holder:											
Type of Credit Card: (c	circle one) Visa	Master	Card			Disco	ver					
	-	-		- [/		
CREDIT CARD NUMBER				_			E	(PIRATI	ON DAT	E (MM /YY)	

This document will be destroyed upon processing of the payment.

Department of Education & Early Development, Teacher Education and Certification 801 West 10th Street, Suite 200, PO Box 110500 Juneau, AK 99811-0500

Phone: (907) 465-2831 Fax: (907) 465-2441